PART B - FEE(S) TRANSMITTAL

mplete and sead this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 SEP 06 2006 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 STRUCTIONS; And form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where and provided the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicessed minds corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Black I for any change of address) 20995 7590 06/02/2006 Certificate of Mailing or Transmission KNOBBE MARTENS OLSON & BEAR LLP I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. 2040 MAIN STREET FOURTEENTH FLOOR **IRVINE**, CA 92614 Rose M. Thiessen (Depositor's exp 09/07/2006 CNGUYEN3 00000055 10646333 700.00 OP 300.00 OP 01 FC:2501 02 FC:1504 2006 (Date ptember 03 FC: COO APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/646,333 08/22/2003 James H. Brauker DEXCOM.011A 8284 TITLE OF INVENTION: OPTIMIZED SENSOR GEOMETRY FOR AN IMPLANTABLE GLUCOSE SENSOR APPLN, TYPE SMALL ENTITY ISSUE PER **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE YES nonprovisional \$700 \$300 09/05/2006 EXAMINER ART UNIT CLASS-SUBCLASS WINAKUR, ERIC FRANK 600-309000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Knobbe Martens (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Olson & Bear LLP Tree Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) San Diego, CA DexCom, Inc. Please check the appropriate assignee category or categories (will not be printed on the patent) ; 🔲 Individual 🗖 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, Sec 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature September 1, 2006 Date Typed or printed name Rose M. Thiessen 40,202 Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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ISSUE FEE TRANSMITTAL LETTER

pplicant

James H. Brauker

App. No

: 10/646,333

Filed

: August 22, 2003

For

OPTIMIZED SENSOR GEOMETRY

FOR AN IMPLANTABLE GLUCOSE

SENSOR

Art Unit

3768

Class/Sub-Class

600-309000

Examiner

Eric Frank Winakur

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 1, 2006

(Date)

Rose M. Thiessen, Reg. No. 40,202

MAIL STOP ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1030 is enclosed for the following fees:
 - (X) \$700 Issue Fee
 - (X) \$300 Publication Fee
 - (X) \$30 Advance Order of 10 Copies
- (X) Return prepaid postcard.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.

Rose M. Thiessen Registration No. 40,202 Attorney of Record Customer No. 20,995 (619) 235-8550